

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

NEW MEXICO STATE
ARTESIA DISTRICT
 Energy, Minerals and Natural Resources
JUN 10 2015
RECEIVED
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-25096
2. Name of Operator COG OPERATING LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 600 W. ILLINOIS AVE., MIDLAND, TEXAS 79701		6. State Oil & Gas Lease No. B-514
4. Well Location Unit Letter; A ; 890 feet from the NORTH line and 330 feet from the EAST line Section 28 Township 17S Range 29E NMPM EDDY County		7. Lease Name or Unit Agreement Name GJ WEST COOP UNIT
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,547' - GR		8. Well Number 064
		9. OGRID Number 229137
		10. Pool name or Wildcat GRAYBURG-JACKSON

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: PLUGGED AND ABANDONED 06/04/15.	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

06/01/15: SET 5-1/2" CIBP @ 2,550'; PUMP 25 SXS. CMT. @ 2,250'-2,430'; CIRC. WELL; PUMP 25 SXS. CMT. @ 1,915'; WOC.
 06/02/15: TAG CMT. @ 1,883'; PUMP 25 SXS. CMT. @ 1,883' (PER OCD); WOC X TAG CMT. @ 1,850'; PUMP 25 SXS. CMT. @ 1,850' (PER OCD); WOC.
 06/03/15: TAG CMT. @ 1,705'; PUMP 25 SXS. CMT. @ 880'; WOC X TAG CMT. @ 780'; PUMP 25 SXS. CMT. W/ 2% CACL @ 780' (PER OCD); WOC X TAG CMT. @ 480'.
 06/04/15: PUMP 30 SXS. CMT. W/ 2% CACL @ 388'; WOC X TAG CMT. @ 160'; PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 50 SXS. CMT. @ 100'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmrnd.state.nm.us/oed.

Spud Date: MIRU: 05/31/15

Rig Release Date: RDMO: 06/04/15

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David A. Eyer TITLE: AGENT DATE: 06/05/15
 Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033
For State Use Only

APPROVED BY: JD Dade TITLE: Dist. P. Speworn DATE: 6/16/15
 Conditions of Approval (if any):

** Submit C-103 Subsequent*